Massachusetts Department of Public Health								Staff Use Only Bar Code				
Date: F	orm: F	: Post-Exposure Prophylaxis					Dai Code					
EDS City/Town:			EDS Location:									
1 Last Name:			First Name:							Middle Initial:		
Phone Number:	Home Street A	ddress:							Zip Code:			
2 Check all that apply:			Enter the names & birthdates of all the people for whom you are pidup medication. Put yourself on line 1. Use a second form if necessary								king	
☐ I am picking up medications for myself. I agree to take them as prescribed.		ирт	nedicati	Jii. i ut y	oursen	OII IIIIe	1. 03c a	Second	IOIIII II	lecessa	ıy.	
■ I am picking up medications for others in my household or for people who are unable to pick up their own medications. I am authorized to sign for all of these people, and I agree to provide medications and instructions to all of them. None of these people are receiving additional medications at other mass dispensing clinics.		Name Last										
I understand that the decision to take medications is voluntary. All of the information I have provided to the clinic is true, correct, and complete to the best of my knowledge.			Date of birth		Date of birth		Date of birth		Date of birth		Date of birth	
Signature		First 1.	Dat	2.	Dat	ب	Dat	4.	Dati	5.	Dat	
4 Please answer questions 1-5 by checking (✓) YES or NO		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Are you taking accutane, methotrexate probenecid, coumadin, or digoxin?	e, lithium,											
Are you taking medication for seizures, tuberculosis (TB), or diabetes?												
Are you currently pregnant, breastfeeding, or under 6 months of age?												
4. Are you taking or are you allergic* to any tetracycline antibiotics? (Minocin, Periostat, Sumycin, Terramycin, Vibramycin, Vibratab.) *Allergic reactions may include: hives, difficulty breathing or wheezing, or redness of the skin.												
Do you weigh less than 99 lbs? If yes, list weight in pounds.												
Staff Use Only			Staff Use Onl		se Only	y STOP						
Taking ropinirole, cyclosporine, glyburide, or theophylline?												
2. Allergic to quinolones?												
Dispensing dose: (Initials of dispenser)												
Doxycycline		mg tabsml		mg tabsml		mg tabsml		mg tabsml		mg tabsml		
Ciprofloxacin HCL		mg tabsml		mg tabsml		mg tabsml		mg tabsml		mg tabsml		
Other:		tabs	mg tabsml		mg tabsml		mg tabsml		mg tabsml		mg tabsml	
Staff Use Only												
	Write in lot number or use bar code label	Lot #		Lot #		Lot #		Lot #		Lot #		